



**ACGME International**

**Advanced Specialty Program Requirements for  
Graduate Medical Education in  
Pediatric Otolaryngology (Otolaryngology)**

Initial approval:

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Graduate Medical Education in  
Pediatric Otolaryngology (Otolaryngology)**

**Int. Introduction**

*Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.*

**Int. I. Definition and Scope of the Specialty**

Pediatric otolaryngologists specialize in the medical and surgical management of neonates, infants, children, and adolescents 18 years or younger, particularly those with complex otolaryngologic problems and significant co-morbidities, generally cared for in tertiary care pediatric institutions.

**Int. II. Duration of Education**

Int. II.A. The educational program in pediatric otolaryngology must be 12 or 24 months in length.

**I. Institution**

**I.A. Sponsoring Institution**

I.A.1. The Sponsoring Institution must also sponsor an ACGME-I-accredited otolaryngology program.

I.A.1.a) A fellowship in pediatric otolaryngology must function as an integral part of an ACGME-I-accredited residency in otolaryngology.

I.A.2. The program must be based in a tertiary care pediatric institution where the care of neonates and children can be readily coordinated with other subspecialists.

**I.B. Participating Sites**

See International Foundational Requirements, Section I.B.

**II. Program Personnel and Resources**

**II.A. Program Director**

II.A.1. The program director must have completed a pediatric otolaryngology fellowship or have extensive experience in pediatric otolaryngology.

## **II.B. Faculty**

II.B.1. To enhance fellows' educational experience, there must be participation from appropriately qualified faculty members from other related pediatric disciplines, including:

- II.B.1.a) anesthesiology;
- II.B.1.b) audiology and speech pathology;
- II.B.1.c) gastroenterology;
- II.B.1.d) medical genetics;
- II.B.1.e) neonatology;
- II.B.1.f) pathology;
- II.B.1.g) prenatal and fetal medicine;
- II.B.1.h) pulmonology;
- II.B.1.i) radiology; and,
- II.B.1.j) sleep medicine.

## **II.C. Other Program Personnel**

See International Foundational Requirements, Section II.C.

## **II.D. Resources**

II.D.1. Program resources must include:

- II.D.1.a) an emergency department;
- II.D.1.b) inpatient and outpatient facilities;
- II.D.1.c) facilities for the diagnostic assessment of infants and children with otolaryngologic disorders, including audiologic, voice, speech, language, and developmental assessments;
- II.D.1.d) facilities to support clinical research; and,
- II.D.1.e) neonatal and pediatric intensive care units.

II.D.2. Fellows must be provided with prompt reliable systems for communication and interaction with supervising physicians.

## **III. Fellow Appointment**

**III.A. Eligibility Criteria**

- III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in otolaryngology, or an otolaryngology residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

**III.B. Number of Fellows**

See International Foundational Requirements, Section III.B.

**IV. Specialty-Specific Educational Program**

**IV.A. ACGME-I Competencies**

- IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

- IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

- IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in care that is:

IV.A.1.b).(1).(a) culturally sensitive;

IV.A.1.b).(1).(b) situationally sensitive; and,

IV.A.1.b).(1).(c) specific to the individual patient's and patient's family's needs.

- IV.A.1.b).(2) Fellows must demonstrate competence in care that is accurate in diagnosis and treatment care options, and that is based on best practice and standards of practice.

- IV.A.1.b).(3) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice for neonates, infants, children, and adolescents 18 years and younger. Fellows must demonstrate competence in:

IV.A.1.b).(3).(a) evaluating patients with:

IV.A.1.b).(3).(a).(i) congenital abnormalities;

154	IV.A.1.b).(3).(a).(ii)	infectious and inflammatory disorders; and,
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156	IV.A.1.b).(3).(a).(iii)	inherited and acquired conditions of the
157		head and neck, including hearing loss and
158		other communication impairments.
159		
160	IV.A.1.b).(3).(b)	diagnosing and managing the medical and surgical
161		treatment of disorders of the:
162		
163	IV.A.1.b).(3).(b).(i)	aerodigestive tract;
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165	IV.A.1.b).(3).(b).(ii)	ear;
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167	IV.A.1.b).(3).(b).(iii)	head and neck;
168		
169	IV.A.1.b).(3).(b).(iv)	nose;
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171	IV.A.1.b).(3).(b).(v)	sinus;
172		
173	IV.A.1.b).(3).(b).(vi)	throat; and,
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175	IV.A.1.b).(3).(b).(vii)	voice and speech.
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177	IV.A.1.b).(3).(c)	performing procedures in the following domains
178		with an emphasis on neonates, infants, children
179		younger than three years of age, and children and
180		adolescents with significant co-morbidities as
181		defined by the American Society of Anesthesiology
182		(ASA):
183		
184	IV.A.1.b).(3).(c).(i)	closed and open airways;
185		
186	IV.A.1.b).(3).(c).(ii)	congenital anomalies;
187		
188	IV.A.1.b).(3).(c).(iii)	endoscopic airways;
189		
190	IV.A.1.b).(3).(c).(iv)	facial plastics;
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192	IV.A.1.b).(3).(c).(v)	facial trauma;
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194	IV.A.1.b).(3).(c).(vi)	head and neck surgery;
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196	IV.A.1.b).(3).(c).(vii)	otology; and,
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198	IV.A.1.b).(3).(c).(viii)	rhinology.
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200	IV.A.1.b).(3).(d)	performing complex and uncommon pediatric
201		procedures infrequently encountered in the general
202		practice of otolaryngology.
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204	IV.A.1.c)	Medical Knowledge

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206	IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and
207		evolving biomedical clinical, epidemiological, and social-
208		behavioral sciences, as well as the application of this
209		knowledge to patient care.
210		
211	IV.A.1.c).(1).(a)	Fellows must demonstrate knowledge of medical
212		and surgical management of neonatal, infant,
213		childhood, and adolescent diseases of the head
214		and neck to a level appropriate for unsupervised
215		practice as defined by the didactic curriculum.
216		
217	IV.A.1.d)	Practice-Based Learning and Improvement
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219	IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and
220		evaluate their care of patients, to appraise and assimilate
221		scientific evidence, and to continuously improve patient
222		care based on constant self-evaluation and lifelong
223		learning.
224		
225	IV.A.1.e)	Interpersonal and Communication Skills
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227	IV.A.1.e).(1)	Residents must demonstrate interpersonal and
228		communication skills that result in the effective exchange
229		of information and collaboration with patients, their
230		families, and health professionals.
231		
232	IV.A.1.f)	Systems-Based Practice
233		
234	IV.A.1.f).(1)	Residents must demonstrate an awareness of and
235		responsiveness to the larger context and system of health
236		care, including the social determinates of health, as well as
237		the ability to call effectively on other resources in the
238		system to produce optimal care.
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240	<b>IV.B.</b>	<b>Regularly Scheduled Educational Activities</b>
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242	IV.B.1.	Fellows must be involved in planning and conducting educational
243		conferences related to pediatric otolaryngology.
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245	IV.B.2.	There must be multidisciplinary conferences related to pediatric
246		otolaryngology.
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248	IV.B.2.a)	Both faculty members and fellows must attend and participate in
249		these conferences.
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251	IV.B.3.	Faculty members' and fellows' attendance at conferences must be
252		documented.
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254	IV.B.4.	The didactic curriculum should include basic science, clinical, and
255		research conferences and seminars, as well as journal club activities

pertaining to pediatric otolaryngology. Didactic topics should include:

- IV.B.4.a) developmental anatomy and physiology, embryology, microbiology, oncology, and psychology of the infant and child as related to the head and neck;
- IV.B.4.b) diagnosis and care of uncommon and complex congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, and ear, as well as diseases and disorders of the laryngotracheal complex and the head and neck;
- IV.B.4.c) diagnosis, treatment, and management of childhood disorders of hearing, language, speech, and voice; and,
- IV.B.4.d) genetics.

#### **IV.C. Clinical Experiences**

- IV.C.1. Clinical rotations must be at least four weeks in length.
- IV.C.2. Fellows must participate in a multispecialty, interdisciplinary team to manage and treat conditions for at least three of the following:
  - IV.C.2.a) cochlear implant;
  - IV.C.2.b) craniofacial disorders;
  - IV.C.2.c) tumors; or,
  - IV.C.2.d) vascular anomalies.
- IV.C.3. Fellows must attend a minimum of four clinic sessions per month.
- IV.C.4. Clinical experiences must be structured to allow fellows to collaborate with surgical residents and fellows, faculty members, other physicians outside their specialty, and non-traditional health care practitioners to best formulate treatment plans.
- IV.C.5. Fellows must have regular involvement in quality improvement activities throughout the year.

#### **IV.D. Scholarly Activity**

- IV.D.1. Fellow Scholarly Activity
  - IV.D.1.a) Fellows' scholarly activity, initiated or completed during the program, including scientific study, production of review articles or chapters, or creation of online educational activities, must be documented.
- IV.D.2. Faculty Scholarly Activity

- IV.D.2.a) Scholarly activity of each core faculty member must include at least one of the following:
- IV.D.2.a).(1) funded research grants;
- IV.D.2.a).(2) peer-reviewed publications; or,
- IV.D.2.a).(3) presentations at local, regional, or national conferences.

## **V. Evaluation**

See International Foundational Requirements, Section V.

## **VI. The Learning and Working Environment**

### **VI.A. Principles**

- VI.A.1. Surgical teams should be made up of attending surgeons, fellows, residents at various PGY levels, medical students when appropriate, and other health care practitioners.

### **VI.B. Patient Safety**

See International Foundational Requirements, Section VI.B.

### **VI.C. Quality Improvement**

See International Foundational Requirements, Section VI.C.

### **VI.D. Supervision and Accountability**

- VI.D.1. All fellows must have a working knowledge of expected reporting relationships to maximize quality care and patient safety.
- VI.D.2. The program must ensure that decisions regarding the use of supervision through telecommunication technology are based on fellow experience, presence of an existing treatment plan, and case complexity/acuity.

### **VI.E. Professionalism**

- VI.E.1. Fellows must assume responsibility to complete all tasks to which they are assigned, or to which they voluntarily assume, in a timely fashion.
- VI.E.1.a) These tasks must be completed within the hours assigned, or, if that is not possible, fellows must use established methods to hand off remaining tasks to another member of the fellow team.

### **VI.F. Well-Being**

See International Foundational Requirements, Section VI.F.



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359	<b>VI.G.</b>	<b>Fatigue</b>
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361		See International Foundational Requirements, Section VI.G.
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363	<b>VI.H.</b>	<b>Transitions of Care</b>
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365		See International Foundational Requirements, Section VI.H.
366		
367	<b>VI.I.</b>	<b>Clinical Experience and Education</b>
368		
369		See International Foundational Requirements, Section VI.I.
370		
371	<b>VI.J.</b>	<b>On-Call Activities</b>
372		
373		See International Foundational Requirements, Section VI.J.